PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wher
the first of the should be used for damanting the 1990's feet and 10 between 10 the first of the should be completed when
appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address a
indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" to
indicated amoss confected below of directed ballowing in block 1, by (a) spectrying a new correspondence address, and/or (b) indicating a separate. The ADDRESS 10
maintenance fee notifications.

indicated unless correct maintenance fee notifica	ed below or directed ot	herwise in Block I, by (a) specifying a new corre	spondence address;	vill be ; and/or	mailed to the current r (b) indicating a sepa	correspondence address a arate "FEE ADDRESS" fo	
CURRENT CORRESPOND	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
Geza C. Ziegle Perman & Green 425 Post Road	er 1, LLP	2/2006	I he Star add tran	Cer ereby certify that th tes Postal Service w ressed to the Mail smitted to the USP	tificate is Fee(vith suf Stop TO (57	of Mailing or Trans; s) Transmittal is being ficient postage for firs ISSUE FEE address I) 273-2885, on the di	mission g deposited with the United tt class mail in an envelope above, or being facsimile ate indicated below.	
Fairfield, CT 06	430						(Depositor's name)	
							(Signature)	
			<u> </u>				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/827,760			Harold L. Simonsen	528-009766-US(PAR)		, ,	6115	
			1AND USING MSPK W					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/22/2006	
EXAM	INER	ART UNIT	CLASS-SUBCLASS]				
RYMAN, DANIEL J		2616	370-345000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attornation	printing on the patent front page, list anames of up to 3 registered patent attorneys nts OR, alternatively, name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed. 1 Perman \$ Green, LLP 2 3				
			THE PATENT (print or typedata will appear on the part a substitute for filing and		e is id	entified below, the do	cument has been filed for	
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY					
L-3 Comm	unications Corpo	ration	New York, NY					
Please check the appropri	ate assignee category or	categories (will not be pri	inted on the patent):	Individual Co	rporatio	on or other private grou	up entity Government	
a. The following fee(s) a Issue Fee Publication Fee (N Advance Order - #	o small entity discount p	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-1350 (enclose an extra copy of this form). 						
a. Applicant claims	us (from status indicated MALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMAL	L ENT	ITY status. See 37 CF	R 1.27(g)(2).	
nterest as shown by the r	ecords of the United Stat	es Patent and Trademark	Office.	ie applicant, a regis	icicu ai	torney of agent, of the	assignee or other party in	
Authorized Signature	it copte	ege		Date 5 Octo	ber	2006		
Typed or printed name				Registration No				
his collection of informan n application. Confidenti ubmutting the completed his form and/or suggestic ox 1450. Alexandria Vi	ation is required by 37 Clality is governed by 35 application form to the ons for reducing this burnerain; 22313-1450. DO	FR 1.311. The information U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sent to the	n is required to obtain or re .14. This collection is esti depending upon the indivi Chief Information Officer	etain a benefit by the mated to take 12 m dual case. Any con T. U.S. Patent and T	e public inutes t iments radema	which is to file (and be complete, including on the amount of time on the Complete, U.S. Depart	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O.	

This collection of information is re an application. Confidentiality is g submitting the completed applicati this form and/or suggestions for re Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.